A. Requesting Agency:

B. Division or Group

C. Project Name:

D. Project Number:

E. System Development Group's Completion Statement:

Name: _____   Date: _____

F. Agency (User) Acceptance or Exception Statement:

Name: _____   Date: _____

G. Comparison of Estimated to Actual Net Costs
   (Attach Details for Variance in any Item Greater than $10,000):

	Estimated (From Step 3)	Actual (Net)	Variance
1. Agency Costs			
- Personnel	_____	_____	_____
- Equipment & Software	_____	_____	_____
- Contract Services	_____	_____	_____
- Miscellaneous	_____	_____	_____
- Total Agency Costs	_____	_____	_____
2. Information Services Division Costs			
- Development & Programming Services	_____	_____	_____
- Processing Services	_____	_____	_____
- Dedicated Facilities	_____	_____	_____
- Total Info. Services Division Costs	_____	_____	_____
3. Total Project Cost	_____	_____	_____

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H. Requesting Agency:

I. Project Number:

J. Comparison of Estimated to Actual Timetable of Activity Completion Dates
  (Attach details for variance in conversion date greater than 3 months)

Activity	Estimated (From Step 3)	Actual	Variance
Detailed Design			
Test Plan			
Programming of Systems			
Develop Manual Systems and Forms			
Develop Training Materials			
Unit Testing			
System Testing			
Parallel Testing			
System Documentation			
Conversion to Live Operations			
Post – Conversion Review			

K. Comparison of Potential to Realized Benefits:

L. Approval of Project:

_____ _____
Agency Head: Date:

M. Review of Data Processing Oversight Commission:

_____ _____
Name: Date:

N. Project Closed Out:

_____ _____
Name: Date:

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